Schedule E)	PAGE 1 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amend	ds report filed on
Full Name of Payee Nathan Smith	Date of Public Distribution/Dissemination
	07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1247 W Mt Comfort Rd	Amount
City State Zip Code	21.60
Fayatteville AR 72703	Transaction ID: bf0f1f6b-d978-4207-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 07 / 10 / 2014
Name of Federal Candidate Sup	port Office Sought: House District: 00
Ms. Kay Hagan Opp	pose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 154291.42	Disbursement For: Primary ☐ General Other (specify) ☐ Other
Full Name of Payee	Date of Public Distribution/Dissemination
Nathan Smith	07 10 / Y Y Y Y Y
Mailing Address 1247 W Mt Comfort Rd	Amount
City State Zip Code	6.60
Fayatteville AR 72703	Transaction ID: f2938428-0ea1-44e7-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 07 10 2014
Name of Federal Candidate Sup	oport Office Sought: House District: 00
Ms. Kay Hagan Opp	pose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 154291.42	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	28.20
(b) SUBTOTAL of Unitemized Independent Expenditures	············ •
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 07 12 2014
gsau	

Schedule E	E)	IN EXILINA			PAGE 2 OF 56 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
				M	"M / D "D / Y "Y "Y "Y
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	
Full Name Joann	of Payee a Kindstedt				of Public Distribution/Dissemination
Mailing Ad	ldress 2134 Tobaccoville Rd			L	07 10 2014
				Amou	nt
City		State	Zip Code		22.50
Rural Hal		NC	27045		action ID: 4c2ded69-3a35-445f-8 of Disbursement or Obligation
Purpose of Salary	f Expenditure		Category/ Type 001	N	07
Name of I	ederal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay H	lagan		X Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought		154291.42	Disbursemen 2014	t For: Primary
	of Payee			Date	of Public Distribution/Dissemination
James	Kindstedt			T.	07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Ad	ddress 5510 Dogwood Dr				10 2014
	00.0 20g00a 2.			Amou	nt
City		State	Zip Code	[]	22.50
Winston		NC	27105	Transa Date	oction ID: 4d1f8b8c-78de-4b6c-8 of Disbursement or Obligation
Purpose of Salary	of Expenditure		Category/ Type 001		07 / 10 / Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	it: House District: 00
Ms. Kay H	lagan		Oppose	Presid	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought	-	154291.42	Disbursemer 2014	nt For:
(a) SUBTO	TAL of Itemized Independent Expendit	ures		· •	45.00
(b) SUBTO	TAL of Unitemized Independent Exper	ditures		•	7 1 7
(c) TOTAL	Independent Expenditures			•	7
with, or at	alty of perjury I certify that the indeper the request or suggestion of, any cand hittee) any political party committee or i	idate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 07	12 / 2014
Signatur	e				

Schedule E)	EXI END	ITOTILO				PAGE 3 FOR SE OF F	OF 56	_
NAME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION		_
Women Speak Out PAC					С	C00530766		
Check if 24-hour report X 48-hour report	X New rep	ort Ame	nds repo	rt filed on	_ M /	D D /	Y = Y = Y = Y]
Full Name of Payee James Kindstedt					- M /	Distribution/D	Y Y Y Y	_
Mailing Address 5510 Dogwood Dr				Amou	07 nt	10	2014	J
City	State	Zip Code			-		3.03	٦
Winston Salem	NC	27105				D: 3c28967c-f	117-4100-a	_
Purpose of Expenditure Mileage		Category/ Type	002	M	07 /	10	2014	
Name of Federal Candidate		Sı	upport	Office Sough	t:	House Di	strict: 00	
Ms. Kay Hagan			ppose	Preside		Senate	State: NC	_
Calendar Year-To-Date Per Election for Office Sought	1	154291.42		Disbursemen 2014 O		Primary ecify) ▶	General	I
Full Name of Payee				Date	of Public	Distribution/D	issemination	
Danielle R Little				TV	07	10	2014	٦
Mailing Address 459 Hwy 144 Calhoun				Amou		التاا		
				, in oa				4
'	State	Zip Code		ــــــــــــــــــــــــــــــــــــــ			40.00	Ц
Calhoun	LA	71225): ff64e6c9-59 irsement or Ob		
Purpose of Expenditure Salary		Category/ Type	001	To the state of th	07 /	10	2014	
Name of Federal Candidate		S	upport	Office Sough	t:	House D	istrict: 00	_
Ms. Mary L Landrieu		X	ppose	Preside	ent >	Senate	State: LA	_
Calendar Year-To-Date Per Election for Office Sought		53367.19		Disbursemen 2014		Primary Decify)	X Genera	
			_					_
(a) SUBTOTAL of Itemized Independent Expenditures.				•	-	7	43.03	J
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•	-	1 4		
(c) TOTAL Independent Expenditures				·	- 7		1 75-1]
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized							
Ms. Emily Buchanan	[Electron	ically Filed]	Date	07 /	12	2014	Y	
Signature						-		

Schedule E)	PAGE 4 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
	ends report filed on
Full Name of Payee Danielle R Little	Date of Public Distribution/Dissemination O7 10 2014
Mailing Address 459 Hwy 144 Calhoun	Amount
City State Zip Code	10.47
Calhoun LA 71225	Transaction ID : 48fce7c1-82a3-4be5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 07 / 10 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ma Manual Landston	Oppose President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 53367.19	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Gabriella E Hansen	Date of Public Distribution/Dissemination 07
Mailing Address 310 West Meath Drive	Amount
City State Zip Code	15.00
Winterville NC 28590	Transaction ID : 74c90171-ed19-4da0-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 07 / 10 / 2014
Name of Federal Candidate S	Support Office Sought: House District: 00
	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 154291.42	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	25.47
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 07 12 2014
Signature	

NAME OF COMMITTEE (In Full) Women Speak Out PAC C C00530766 Check if 24-hour report	ON NUMBER ▼
. C C00530766	Y = Y = Y = Y
Check if 24 hour report 25 hour report 25 hour report 26 hour report 26 hour report 27 hour repo	Y Y Y
Check if 24-flour report 46-flour report Mew report Americas report flied on	
Full Name of Payee Gabriella E Hansen Date of Public Distribution	/Dissemination
Mailing Address 310 West Meath Drive Amount	2014
City State Zip Code Winterville NC 28590 Transaction ID : 28b311c4	
Purpose of Expenditure Mileage Category/ Type O02 Date of Disbursement or Company 07 10	Obligation 2014
Name of Federal Candidate Support Office Sought: House	District: 00
Ms. Kay Hagan Ms. Kay Hagan President Support Office Sought. President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary 2014 □ Other (specify) ▶	y X General
Full Name of Payee Malinda Ledford Date of Public Distribution	n/Dissemination
Mailing Address 44 Bell Street Ext Amount	2014
City State Zip Code	80.00
Spruce Pine NC 28777 Transaction ID : e323ee76 Date of Disbursement or 0	
Purpose of Expenditure Salary Category/ Type 001 07 10	2014
Name of Federal Candidate Support Office Sought: House	District: 00
Ms. Kay Hagan	State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary 2014 □ Other (specify) ▶ □	y X General
(a) SUBTOTAL of Itemized Independent Expenditures	84.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consulta with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07 12 201	14

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 6 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext			07 10 2014 Amount
		7: 0 !	
City Spruce Pine	State NC	Zip Code 28777	37.50 Transaction ID: 01a82b8c-b411-455c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	154291.42	Disbursement For:
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd			07 10 2014 Amount
City	State	Zip Code	80.00
Bakersville	NC	28705	Transaction ID : 6daf06ae-c51e-44aa-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		154291.42	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		117.50
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Olynatul e			

Schedule E)	PAGE 7 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y = Y
Virginia M Stevens	
Mailing Address 1691 Fork Mtn Rd Amount	7 10 2014
	07.50
	37.50 etion ID : df0e8f22-1b8f-4be9-a Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M / D D / Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan Oppose President	
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2014 Othe	For: Primary
Amanda Boley	
Mailing Address Split Oak Drive Amount	
City State Zip Code	40.00
charlotte NC 28227 Transact	ion ID : 065d0100-b433-4fdc-8 Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu Oppose President	
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2014 Other	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	77.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cocwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	12 / 2014

Schedule E)	iti Exi Eiti	SITORES	PAGE 8 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	22.77
charlotte	NC	28227	Transaction ID : 61966694-3ffe-4148-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		53367.19	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Myeisha M Ross			07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3411 Asher Ave			Amount
City	State	Zip Code	50.00
Little Rock	AR	72209	Transaction ID: f409728a-6a83-4522-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		17171.26	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		72.77
(,)			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
o.g.iataro			

Scl	hedule E)	151101120	PAGE 9 OF 56 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	ck if 24-hour report X 48-hour report New	report Amends repo	rt filed on
Т	Full Name of Payee		Date of Public Distribution/Dissemination
	Jennifer Susky		07 10 2014
	Mailing Address 1117 Shadow Lane		Amount
ŀ	City State	Zip Code	10.00
	Benton AR	72015	Transaction ID: 7957b19a-0d70-409e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	07 10 7 2014
ı	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	X Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	17171.26	Disbursement For: Primary General 2014 Other (specify) ▶
Γ	Full Name of Payee		Date of Public Distribution/Dissemination
١	Jennifer Susky		07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 1117 Shadow Lane		07 10 2014
	5.445.1		Amount
ľ	City State	Zip Code	1.50
	Benton AR	72015	Transaction ID : bfbb6fc3-3a1a-4eb8-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	07 10 2014
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	17171.26	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		11.50
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		>
W	Under penalty of perjury I certify that the independent expenditurith, or at the request or suggestion of, any candidate or authoriarty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Elect	tronically Filed] Date	07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Schedule E)	PENT EXTEND	TIONES	PAGE 10 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			07
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	80.00
Spindale	NC	28160	Transaction ID : 5f6bb773-0bdf-4e99-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	154291.42	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			07
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	12.15
Spindale	NC	28160	Transaction ID : 9c4cfe4a-a9c0-4caa-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 10 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		154291.42	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	iditures		92.15
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	penditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3			

Sc	hedule E)	ti Littoi					PAGE 11 OF 56 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	
	Full Name of Payee Dylan Simon				Da		c Distribution/Dissemination
-	Mailing Address 111 Millrock Drive					07	10 / 2014
	Mailing Address 111 Millrock Drive				Am	nount	
ŀ	City State	e	Zip Code				18.33
	Lafayette LA		70508				ID: eb88e369-65f3-4ac4-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			07	/ D D / Y Y Y Y Y 1 Y 10 10 10 10 10 10 10 10 10 10 10 10 10
Ì	Name of Federal Candidate		<u> </u>	Support	Office Sor	ught:	House District: 00
	Ms. Mary L Landrieu			Oppose	Pre	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		53367.19		Disbursen 2014	nent For:	Primary
Ì	Full Name of Payee				Da		c Distribution/Dissemination
	Dylan Simon					07	/ D D / Y Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
ľ	Mailing Address 111 Millrock Drive				An	nount	
						- Iouni	
	City Stat Lafavette LA		Zip Code		Trai	reaction II	5.58 D : 85382110-82fb-4d16-b
			70508		Da	ite of Disbu	ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			07	10 2014
	Name of Federal Candidate			Support	Office So	ught:	House District: 00
	Ms. Mary L Landrieu		X	Oppose	Pre	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		53367.1	9	Disburser 2014	nent For: Other (sp	Primary X General Decify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	•••••			· •	7	23.91
((b) SUBTOTAL of Unitemized Independent Expenditures						
((c) TOTAL Independent Expenditures				•		
٧	Under penalty of perjury I certify that the independent experit, or at the request or suggestion of, any candidate or exactly committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	M M M	/ 12	2014
	Signature						

Sched	ule E)	EXI END	101120		PAGE 12 OF 56 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	art filed on	W = M / D = D / Y = Y = Y
		New Tepo	ort Amends repo	it filed off	
	Name of Payee alphie Lockhart				of Public Distribution/Dissemination
Maili	ing Address 6310 Col Glenn Rd			Amou	unt
City		State	Zip Code	— I.	15.00
	e Rock	AR	72204		saction ID: f9b31ba0-473e-433e-8 of Disbursement or Obligation
Purp Sala	pose of Expenditure ary		Category/ Type 001		07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam	ne of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr.	Mark L Pryor		Oppose	Presid	lent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	17171.26	Disbursemer 2014	nt For:
	Name of Payee			Date	of Public Distribution/Dissemination
IVI	att Gleb				07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mail	ing Address 3815 Robin Road			Amou	
0:1-		Otata	7'- O-d-		55.00
City Ayo		State NC	Zip Code 28513	Trans	55.00 action ID: 8404d121-b9fa-42a4-8 of Disbursement or Obligation
Purp Sal	pose of Expenditure lary		Category/ Type 001		07 10 / Y 2014
Nam	ne of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms.	Kay Hagan		X Oppose	Presid	dent State: NC
	Calendar Year-To-Date Per Election for Office Sought	, ,	154291.42	Disbursement 2014	nt For: Primary X General Other (specify) ▶
(a) S	SUBTOTAL of Itemized Independent Expenditures				70.00
(a) 3	BETOTAL OF REMIZED INDEPENDENT EXPENDITURES	·····			70.00
(b) S	UBTOTAL of Unitemized Independent Expenditu	res		· • [1 7 1 7 1 7
(c) T	OTAL Independent Expenditures			•	
with,	r penalty of perjury I certify that the independen or at the request or suggestion of, any candidate committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M /	12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sig	gnature				

Schedule E)				PAGE 13 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DIDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	art filed on	/ D = D / Y = Y = Y
	New leb	Amenda repo	Tr flicd off	
Full Name of Payee Matt Gleb			Date of Pu	ublic Distribution/Dissemination
Mailing Address 3815 Robin Road			Amount	
City	State	Zip Code		34.50
Ayden	NC	28513		on ID : a6dc7da8-8b3c-4dd2-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	10 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	154291.42	Disbursement For 2014 Other	r:
Full Name of Payee Luke T Waltermire			Date of Po	
Mailing Address 107 S Grist Mill Rd			Amount	10 2014
City	State	Zip Code		36.00
Hampstead	NC	28443	Transactio Date of D	n ID : 566c0fb2-849b-49a6-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	10 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	154291.42	Disbursement Fo 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	70.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·	
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		2 2014
Signature				

Schedule E)	JENT EXILINE	TI OTILO	PAGE 14 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Luke T Waltermire			Date of Public Distribution/Dissemination
Mailing Address 107 S Grist Mill Rd			07 10 2014 Amount
City Hampstead	State NC	Zip Code 28443	13.20 Transaction ID : 1f74ab05-944f-4885-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement of Obligation M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	154291.42	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination
Mailing Address 103 Washington Ave			07 10 2014 Amount
City	State	Zip Code	30.00
Newport	NC	28570	Transaction ID : bff43a00-0092-4824-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		154291.42	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		43.20
(b) SUBTOTAL of Uniternized Independent Exp	oenditures		
			7 7
(c) TOTAL Independent Expenditures			•
	indidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.iataro			

Schedule E)	L /(1 L /(2)	1101120		PAGE 15 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee Steven Best			M	f Public Distribution/Dissemination
Mailing Address 103 Washington Ave			Amoun	07 10 2014 t
2"	01-1-	7' 0-1-		0.00
City Newport	State NC	Zip Code 28570		9.60 ction ID : bc60b631-83c9-4d43-b
Purpose of Expenditure Mileage		Category/ Type 002	M	f Disbursement or Obligation 07
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presider	NC NC
Calendar Year-To-Date Per Election for Office Sought	1	154291.42	Disbursement 2014 Oth	For: Primary
Full Name of Payee Phillip Williams			Date o	f Public Distribution/Dissemination
Mailing Address 3007 Darden Rd				07 10 7 2014
5 OOOT Daidon No			Amoun	t
City	State	Zip Code		60.00
Greensboro	NC	27407	Transac Date o	tion ID: 0f8bfe37-aff7-4acc-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 10 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	154291.42	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	69.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	M M / / 07	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	NOLIVI EXI END.	101120		PAGE 16 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DIDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour rep	port X New repo	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
	oort New repo	ort Amends repo	rt illed on	
Full Name of Payee Phillip Williams			Date of Pu	ublic Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amount	سنت سا
City	State	Zip Code		14.70
Greensboro	NC	27407		on ID: 0e2037d5-1359-4aa6-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	54291.42	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of Po	ublic Distribution/Dissemination
Beverly Williams			07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd			Amazunt	
			Amount	
City	State	Zip Code		60.00
Greensboro	NC	27407	Transactio Date of D	n ID : 8c2ceaad-83c9-407a-a isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 ^M	/ 10 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		154291.42	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures		· •	74.70
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron:	ically Filed] Date		2 2014
Signature		_		

Schedule E)	1511 01120	PAGE 17 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report New	report Amends report fi	iled on
Full Name of Payee Reagan Brackett		Date of Public Distribution/Dissemination
Mailing Address 502 E Center Ave		07 10 2014
		Amount
City State	Zip Code	30.00
Searcy AR	72143	Transaction ID: 35789c65-f7c8-44cb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Mr. Mark L Pryor	Oppose [President State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Robin L Bennett		07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3505 Beaumont St		Amount
Apt 13D		
City State Neosho MO	Zip Code 64850	Transaction ID : d3d0d28b-fee9-4a6f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Mark L Pryor	Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General O14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expenditu- with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Elec	tronically Filed] Date	07 12 2014
Signature		

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Date	e of Public Distribution/Dissemination
Robin L Bennett		07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3505 Beaumont St Apt 13D	Amo	ount
City State Zip	Code	35.40
Neosho MO 648		nsaction ID : f207a34a-fc8e-4ecf-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage	ategory/ Type 002	07 10 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Mr. Mark L Pryor	X Oppose Pres	ident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	71.26 Disbursem	ent For:
Full Name of Payee Francesca Blom	Dat	e of Public Distribution/Dissemination
		07 10 / 2014
Mailing Address 101 Asbury Ct	Am	ount
City State Zip	Code	90.00
		saction ID : 42f62c92-aa0f-42b9-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Ca	ategory/ Type 001	07 / 10 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Ms. Kay Hagan	Oppose Pres	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought	54291.42 Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	125.40
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7
(c) TOTAL Independent Expenditures	· _	7 7 7
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical]	v Filed] Date 07	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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OF

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Schedule E)	II EXI END	HONES	PAGE 19 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Donald Dessauer			07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1804 Auburn Ave			Amount
City	State	Zip Code	20.00
Metaire	LA	70003	Transaction ID: 120c2b76-926a-4708-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	53367.19	Disbursement For: Primary General
Full Name of Payee	_		Date of Public Distribution/Dissemination
Petrina Williams			07 10 7 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	80.00
Greensboro	NC	27407	Transaction ID : 316c57f9-81d0-4bf0-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	154291.42	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditur	es		. • 100.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		>
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 12 2014
Signature			

Schedule E)	LIVI EXPEND	TOTILS	PAGE 20 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			07 10 2014 Amount
City	State	Zip Code	9.30
Greensboro	NC	27407	Transaction ID : 1311cc9e-407c-4c64-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	154291.42	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Erika Burfield			07 10 7 2014
Mailing Address 2939 Country Club Drive			Amount
City	State	Zip Code	20.00
Hampstead Purpose of Expenditure	NC	28443	Transaction ID : cab96efd-d4d3-431c-a Date of Disbursement or Obligation
Salary		Category/ Type 001	07 / 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	154291.42	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		29.30
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g			

Sch	edule E)	- EXI END			PAGE 21 OF 56 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee Erika Burfield				of Public Distribution/Dissemination
٨	Mailing Address 2939 Country Club Drive			Amou	07 10 2014 nt
	Dity	State	Zip Code		3.60
	Hampstead	NC	28443		action ID : c2bff30c-38d4-4794-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		07 10 7 2014
N	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1	154291.42	Disbursement 2014 Or	t For:
	Full Name of Payee Mary Johnson Mailing Address 105 South Dale St				of Public Distribution/Dissemination
	viailing Address 105 South Dale St			Amou	nt
	City	State	Zip Code		60.00
	Spruce Pine Purpose of Expenditure	NC	28777	Transa Date	ction ID : 24056643-3901-4aaa-b of Disbursement or Obligation
	Salary		Category/ Type 001		07 / 10 / 2014
1	Name of Federal Candidate		Support	Office Sough	t: House District:00
Ľ	Ms. Kay Hagan		Oppose	Preside	-
	Calendar Year-To-Date Per Election for Office Sought	, ,	154291.42	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure:	s			63.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			141141141
(c) TOTAL Independent Expenditures			· [
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidatarty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Schedule E)	L/(()			PAGE 22 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Mary Johnson			м	
Mailing Address 105 South Dale St			O7 Amount	10 2014
City	State	Zip Code		60.00
Spruce Pine	NC	28777		tion ID : ead0cdb9-75ff-4eda-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	154291.42	Disbursement F 2014 Othe	or: Primary X General er (specify) ▶
Full Name of Payee Casey Stockton			Date of I	
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code		60.00
Spruce Pine	NC	28777	Transacti Date of I	on ID: 69346bb9-5249-4e26-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	154291.42	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		.	120.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		·	7
(c) TOTAL Independent Expenditures			.	7.1.7.1.5.1
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its at	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	07 / D	12 2014
Signature				

Schedule E)	JENT EXICITE	TI OTILO	PAGE 23 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			07
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	15.30
Spruce Pine	NC	28777	Transaction ID : 5ca5cae6-0e7f-4f4a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	154291.42	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	30.00
Lafayette	LA	70503	Transaction ID : cefbee4c-4eee-4442-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		53367.19	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		45.30
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	LIVI EXI EIVI	DITORLO	PAGE 24 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			07
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	6.00
Lafayette	LA	70503	Transaction ID : 67c77a23-c8a1-455a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		53367.19	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Larry Freeman			07 10 7 2014
Mailing Address 11214 Mesa drive			Amount
City	State	Zip Code	20.00
Little rock	AR	72211	Transaction ID : 625c847e-c13e-4f92-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		17171.26	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		26.00
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 25 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Solveig Lysne			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7121 Oyster Lane			Amount
City	State	Zip Code	35.80
Wilmington	NC	28411	Transaction ID: 3140e106-6aa5-4996-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	154291.42	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Solveig Lysne			07 10 7 2014
Mailing Address 7121 Oyster Lane			Amount
City	State	Zip Code	5.58
Wilmington	NC	28411	Transaction ID : e22b6302-27b8-43b0-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 10 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		154291.42	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen-	ditures		41.38
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	DENT EXTENT	JII OI LE	PAGE 26 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New re	port Amends repo	rt filed on
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination
Mailing Address 102 French Street #3			07 10 2014 Amount
City	State	Zin Cada	27.50
New Orleans	NC	Zip Code 70124	Transaction ID : 5e9e9583-d150-4719-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		53367.19	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination
Mailing Address 102 French Street #3			07 10 2014
			Amount
City	State	Zip Code	0.90
New Orleans	NC	70124	Transaction ID : 4fdb583b-3aac-41f7-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 10 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		53367.19	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		28.40
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
			7 7
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo			

Schedule E)	L /(1 L /(2)	1101120		PAGE 27 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y B Y B Y B Y
Full Name of Payee Lisa Booth				f Public Distribution/Dissemination
Mailing Address 1434 South Avenue				07 10 2014
			741104	
City	State	Zip Code		95.00
Eden	NC	27288		nction ID: 922e2b32-be3b-40ef-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	: House District:00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	154291.42	Disbursement 2014 Otl	For: Primary X General
Full Name of Payee				f Public Distribution/Dissemination
Lisa Booth				07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue				
			Amoun	ıt
City	State	Zip Code		15.30
Eden	NC	27288	Transac Date o	ction ID: d441dc10-0d8b-47a9-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 10 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	154291.42	Disbursement 2014 Ot	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	110.30
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	171171171
(c) TOTAL Independent Expenditures			· [7 7 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	07 /	12 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature				

Schedule E)	IVI EXI EIVE	TI OTILO	PAGE 28 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			07 10 2014 Amount
		7: 0 !	
City New Orleans	State LA	Zip Code 70116	20.00 Transaction ID : f31daa7e-3224-4308-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	53367.19	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			07 10 2014
			Amount
City	State	Zip Code	3.00
New Orleans	LA	70116	Transaction ID: 0473d174-d530-48e2-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		53367.19	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		23.00
(b) SUBTOTAL of Unitemized Independent Expen-	ditures		
(-,			7 7
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			

Sc	chedule E)	PAGE 29 OF 56 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed o	on M = M / D = D / Y = Y = Y
	Full Name of Payee Ms. Tonya Boyd	Date of Public Distribution/Dissemination
	Mailing Address 2357 Fancy Cap Rd	07 10 2014
		Amount
	City State Zip Code	100.00
		Transaction ID : 8414397e-2d05-4ea5-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 10 / 2014
	Name of Federal Candidate Support Office S	Sought: House District: 00
	Ms Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
		Date of Public Distribution/Dissemination
	Ms. Tonya Boyd	07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2357 Fancy Cap Rd	07 10 2017
		Amount
	City State Zip Code	19.83
		Transaction ID : 7ce1a11e-d281-4d17-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 10 / Y 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	119.83
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report No	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Lily Green	07
Mailing Address 205 Medallion Circle	Amount
City State	Zip Code 70.00
Shreveport LA	71119 Transaction ID : 4eea3efa-efb3-4ca3-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 10 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Lily Green	Date of Public Distribution/Dissemination 07 10 2014
Mailing Address 205 Medallion Circle	Amount
City State	Zip Code 27.00
Shreveport LA	71119 Transaction ID : 3f10f7cd-0eec-4ab5-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 10 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	97.00
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures	······································
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 07 12 2014
Signature	

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Schedule E)	LIVI EXI EIVI	DITOTILO	PAGE 31 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination
•			07 10 7 2014
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	50.00
Ville Platte	LA	70586	Transaction ID: 270837a3-2a9f-4d06-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		53367.19	Disbursement For: Primary General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	31.20
Ville Platte	LA	70586	Transaction ID : 42177bdd-600f-4f9c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 10 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		53367.19	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen-	ditures		. ▶ 81.20
			1 7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures)
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 12 7 2014
-			

Schedule E)	EXI END	TOTILO		PAGE 32 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends r	eport filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Lesley Lennox				Date of Public Distribution/Dissemination
Mailing Address 2305 Cleary Ave				07 10 2014 Amount
City	State	Zip Code		14.50
Metairie	LA	70001		Transaction ID : 3cceca6b-ba84-4b5e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Suppor	t Office	Sought: House District: 00
Ms. Mary L Landrieu		Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		53367.19	Disbui 2014	rsement For: Primary General Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Lesley Lennox				07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2305 Cleary Ave				Amount
City	State	Zip Code		0.60
Metairie	LA	70001		Transaction ID : 6f761bcd-5ac2-4f67-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 0	02	07 10 / Y Y Y Y Y Y Y
Name of Federal Candidate		Suppor	rt Office	Sought: House District:00
Ms. Mary L Landrieu		X Oppose	e	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	53367.19	Disbu 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			····· >	15.10
(b) SUBTOTAL of Unitemized Independent Expenditur	res			
				7 7
(c) TOTAL Independent Expenditures			······ >	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	Date 07	
Signature				

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Timothy Foley	Da	te of Public Distribution/Dissemination
, ,		07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20679 Glenbrook Terrace	An	nount
City	tate Zip Code	47.50
Sterling		ansaction ID : 72bab42f-2184-4657-a te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Kay Hagan	Oppose Pre	sident State: NC
Calendar Year-To-Date Per Election for Office Sought	Disburser 2014	nent For: Primary X General Other (specify) ▶
Full Name of Payee Brian Saltzler Mailing Address 601 S College Road		ate of Public Distribution/Dissemination 07 10 2014
City	tate Zip Code	50.00
1 '	NC 28403 Tra	nsaction ID : feaee81d-1793-47d0-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Kay Hagan	Oppose Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	154291.42 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	97.50
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 07	12 2014
Signature		

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OF

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Schedu	ile E)				PAGE 34 OF 56 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Name of Payee an Saltzler			Date	e of Public Distribution/Dissemination
	ng Address 601 S College Road			[07
Iviaiiii	601 S College Road			Amo	ount
City		State	Zip Code		6.30
	nington	NC	28403		nsaction ID : 3bcafee2-b94b-45bb-a e of Disbursement or Obligation
Purpo Milea	ose of Expenditure age		Category/ Type 002		07
Name	e of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. ł	Kay Hagan		X Oppose	Presi	ident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1	54291.42	Disburseme 2014	ent For:
	Name of Payee	_		Date	e of Public Distribution/Dissemination
Ant	thony Pearson				07 10 7 2014
Mailir	ng Address 112 apache Dr				
				Amo	ount
City		State	Zip Code		50.00
Sea		AR	72149	Trans Date	saction ID : 324af467-c017-4bf8-b e of Disbursement or Obligation
Purpo Sala	ose of Expenditure rry		Category/ Type 001		07 / D D D / Y Y Y Y Y Y Y
Name	e of Federal Candidate		Support	Office Soug	ght: House District: 00
Mr. N	Mark L Pryor		Oppose	Presi	ident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7 7	17171.26	Disburseme 2014	ent For:
(a) SL	JBTOTAL of Itemized Independent Expenditure	es		·· •	56.30
(b) SU	JBTOTAL of Unitemized Independent Expend	itures		-	
(c) TC	OTAL Independent Expenditures			· ·	
with, o	penalty of perjury I certify that the independ or at the request or suggestion of, any candid committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	/ 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sig	nature				

Schedule E)			PAG FOI	GE 35 OF 56 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	TIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee Anthony Pearson			M = M / D	stribution/Dissemination
Mailing Address 112 apache Dr			07 Amount	10 2014
Cit.	Ctata	7:- Code		5.05
City Search	State AR	Zip Code 72149	Transaction ID : 8 Date of Disbursen	5.25 8d5c46f1-87d8-48c1-8
Purpose of Expenditure Mileage		Category/ Type 002		10 / 2014
Name of Federal Candidate		Support	Office Sought: H	ouse District: 00
Mr. Mark L Pryor		X Oppose		enate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	17171.26	Disbursement For: 2014 Other (specify	Primary
Full Name of Payee Christopher Marquess			M M / D	stribution/Dissemination
Mailing Address 110 W Pecan St			O7 Amount	10 2014
City	State	Zip Code		60.00
Ville Platte	LA	70586	Transaction ID : 60 Date of Disbursen	04fe913-b93d-43f9-8 nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / D	10 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Ms. Mary L Landrieu		X Oppose	President X S	senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	53367.19	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		·	65.25
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	
(c) TOTAL Independent Expenditures			•	4 4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 12	2014

Schedule E)	INT EXI EN	STIGHTS	PAGE 36 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	35.40
Ville Platte	LA	70586	Transaction ID: 2866455b-648f-4790-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		53367.19	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	25.00
Lafayette	LA	70503	Transaction ID : d6f8013f-5e34-4e96-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	53367.19	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		60.40
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· >
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	07 10 2014
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	1.95
Lafayette LA 70503	Transaction ID : 6f994e66-bb25-405f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 10 7 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dist 201-	bursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Jeanne Tribou	07 10 2014
Mailing Address 22369 Ponderosa Dr.	Amount
City State Zip Code	40.00
Mandeville LA 70471	Transaction ID : cfde0063-d515-43fe-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 10 / Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	41.95
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not newth, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 12 2014
Signature	

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OF

					FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)			FEC II	DENTIFICATIO	N NUMBER ▼
vvor	men Speak Out PAC			C	C00530766	
Check	if 24-hour report X 48-hour report New report	Amend	ds report filed on	M = M	/ D = D /	Y Y Y Y Y
	Il Name of Payee		D	ate of Publi	ic Distribution/[Dissemination
	eanne Tribou			07	10	2014
Ma	ailing Address 22369 Ponderosa Dr.		А	mount		
Cit	tv State Zi	ip Code	— г			3.90
		0471			ID: a8e61fdc- ursement or O	8fbd-4846-9
	rpose of Expenditure ileage	Category/ Type	002	07	10	2014
Na	me of Federal Candidate	Supp	port Office S	ought:	House [District: 00
М	s. Mary L Landrieu	У Орро			X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought 53	3367.19	Disburse 2014	ement For: Other (sp	Primary pecify) ▶	X General
Fu	III Name of Payee				lic Distribution/[Discomination
	Melanie Slagle			07 Nate of 1 dbi	/ 10 /	2014
Ma	ailing Address 77 Southridge Drive		А	mount		
Ci	ty State Zi	ip Code				30.00
s	pruce Pine NC 2	28777			D: 4a2090ee-a	
	irpose of Expenditure alary	Category/ Type	001	07	10	2014
Na	ame of Federal Candidate	Supp	port Office S	ought:	House [District: 00
М	s. Kay Hagan	Х Орр	pose Pr	resident	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought	154291.42	Disburse 2014	ement For: Other (s	Primary pecify) ►	X General
(a)	SUBTOTAL of Itemized Independent Expenditures		······ [33.90
(b)	SUBTOTAL of Unitemized Independent Expenditures		······ >		1 1 2	
(c)	TOTAL Independent Expenditures		······	7	72	
with	ler penalty of perjury I certify that the independent expenditures re, or at the request or suggestion of, any candidate or authorized or y committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electronical	ally Filed]	Date 07	/ D D D 12	/ Y Y Y 2014	Y Y Y
-	Signature		24.0			

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OF

Schedule E)	PAGE 39 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Melanie Slagle	Date of Public Distribution/Dissemination
Mailing Address 77 Southridge Drive	07 10 2014 Amount
City State Zip Code Spruce Pine NC 28777	7.50 Transaction ID: 28958842-2a9d-4730-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Me Key Hagen	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
Full Name of Payee Jeanine Holmes	Date of Public Distribution/Dissemination
Mailing Address 206 Wildwood Dr	07 10 2014 Amount
City State Zip Code	20.00
	Transaction ID: 47d9950c-50f6-47f3-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 10 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	27.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	7 12 / 2014

Schedule E)	VI EXI EIVE	ATOTILO	PAGE 40 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanine Holmes			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 206 Wildwood Dr			Amount
City	State	Zip Code	3.00
Hammond	LA	70401	Transaction ID: e447428b-b95d-4cb6-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	53367.19	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Gosch Ellers			07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 377 Darlington Ave			Amount
City	State	Zip Code	40.00
Wilmington	NC	28403	Transaction ID : 2f13de98-3991-42b9-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	154291.42	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		43.00
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 12 7 2014
5.g/idda/5			

Schedule E)	LINDITOTICS	PAGE 41 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	filed on fil
Full Name of Payee Gosch Ellers		Date of Public Distribution/Dissemination
Mailing Address 377 Darlington Ave		07 10 2014 Amount
City State	Zip Code	15.00
Wilmington NC	28403	Transaction ID: 97690769-17e2-4d17-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General Other (specify) ►
Full Name of Payee		Date of Public Distribution/Dissemination
Saige Anderson		07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 424		Amount
City State	Zip Code	35.00
Searcy AR	72145	Transaction ID : 7cb46777-12d7-4a70-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		50.00
(a) COLICE OF ROMEOU Maspondom Exponential Committee		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
	[Electronically Filed] Date	07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Sc	chedule E)	L /(1 L .(12.	1101120				PAGE 42 OF 56 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC						C00530766
	eck if 24-hour report X 48-hour report	New repo	ort Amer	nds repo	ort filed on	и = м /	D D / Y D Y D Y
٦	Full Name of Payee Saige Anderson						c Distribution/Dissemination
	Mailing Address PO Box 424				L	07	10 / 2014
	I				Amou	unt	
	City	State	Zip Code		─ L.	1	5.04
	Searcy	AR	72145				ID: 5930fb9b-0029-4872-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	$\exists \mid C$	07	10 / 2014
Ì	Name of Federal Candidate		Sur	pport	Office Sough	nt:	House District: 00
	Mr. Mark L Pryor			pose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		17171.26		Disbursemer 2014	nt For: Other (sp	Primary
ľ	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Amelia Brackett					M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 804 Roundabout Circle				L	07	10 2014
	5 OUT HOURINGBOAR SHOO				Amou	unt	
	City	State	Zip Code			1 - 10	30.00
Ĭ	Searcy	AR	72143				D: 1668a974-4773-442d-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001] [07	10 2014
Ì	Name of Federal Candidate		Su	ipport	Office Soug	ht:	House District: 00
Ì	Mr. Mark L Pryor		X Op	pose	Presid	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , , , , , , , , , , , , , , , , , ,	17171.26		Disbursemer 2014	nt For: Other (sp	Primary X General
((a) SUBTOTAL of Itemized Independent Expenditures	j			· •	-7-	35.04
((b) SUBTOTAL of Unitemized Independent Expenditure	res		••••••	•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
((c) TOTAL Independent Expenditures				•	7	1 1 2 1 1 2 1
١	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	M M /	12	2014
	Signature		_				

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	report Amends report filed on Amends report
Full Name of Payee Amelia Brackett	Date of Public Distribution/Dissemination
	07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Roundabout Circle	Amount
City State	Zip Code 3.09
Searcy AR	72143 Transaction ID : b289453b-b06f-4cd3-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 10 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Xavier Miller	07 10 2014
Mailing Address 407 randall Dr	Amount
City State	Zip Code 20.00
Searcy AR	72143 Transaction ID : 39cb8b22-c676-4d0d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ 001 07 10 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	23.09
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
	ares reported herein were not made in cooperation, consultation, or concert ized committee or agent of either, or (if the reporting entity is not a political
	tronically Filed] Date 07 12 2014
Signature	

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OF

Schedule E)	EXI END	TOTILO				PAGE 44 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC					С	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Am	ends repo	rt filed on	И = М	/ D = D / Y = Y = Y
Full Name of Payee Cassidy Quartararo					M M	c Distribution/Dissemination
Mailing Address 632 Cameron Court				Amou	07 unt	10 2014
City	State	Zip Code		— r		75.00
Kenner	LA	70065				ID: 753b1822-603c-4af2-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		07	10 / 2014
Name of Federal Candidate		<u> </u>	Support	Office Soug	ht:	House District: 00
Ms. Mary L Landrieu			Oppose	Presid		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		53367.19		Disbursement 2014		Primary X General Decify) ▶
Full Name of Payee				Date	of Publ	ic Distribution/Dissemination
Cassidy Quartararo				Г	M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 632 Cameron Court					Ů.	10 2011
				Amo	unt	
City	State	Zip Code				9.06
Kenner	LA	70065				D : 399b26e6-a124-4c63-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002] [07 ^M	10 / 2014
Name of Federal Candidate			Support	Office Soug	ht:	House District: 00
Ms. Mary L Landrieu		X	Oppose	Presid	dent	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		53367.19	9	Disburseme 2014		Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				·		84.06
(b) SUBTOTAL of Uniternized Independent Expenditure	es			· -		4114
(c) TOTAL Independent Expenditures				•		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	07 /	12	/ Y Y Y Y Y Y 2014
Signature						

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New r	eport Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Ms. Ashlen Sandoz		07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 204 Ranger Place	A	mount
City State	Zip Code	5.00
Slidell LA		ransaction ID : 5221ae55-2d3c-4a8a-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pro	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	53367.19 Disburse 2014	ment For:
Full Name of Payee Chris McCoy Mailing Address 1025 Cayley Ct		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	7in Code	60.00
City State High Point NC		60.00 ansaction ID : 9f371326-bf6d-4087-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 10 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	Oppose Pr	resident State: NC State:
Calendar Year-To-Date Per Election for Office Sought	154291.42 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	•	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	1 1 2 1 1 2 1 1 2
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	conically Filed] Date 07	12 / 2014
Signature		

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OF

Schedule E)	PENT EXICITE	TOTILO	PAGE 46 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			07
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	11.10
High Point	NC	27260	Transaction ID: e78aa063-173b-433e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	154291.42	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Danielle McCoy			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	85.00
High Point	NC	27260	Transaction ID: 5944fbf9-3720-4c6e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	154291.42	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		96.10
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
=			

Schedule E)	TOE! ENDERT EXTEND			PAGE 47 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
			M = M /	D D / Y Y Y Y
	8-hour report New rep	ort Amends repo	rt filed on	
Full Name of Payee Danielle McCoy			Date of Public	Distribution/Dissemination
Mailing Address 1025 Cayley Ct			Amount	ـــنعــا تـــا
City	State	Zip Code		14.70
High Point	NC	27260		ID: a023dcb9-e4a7-4cb5-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M 07	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Soug	nt 1	54291.42	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Eric Wilson			Date of Publi	c Distribution/Dissemination
ETIC WIISOTI			07	10 2014
Mailing Address 907 Randall D	rive		Amount	
City	State	Zip Code		25.00
Searcy	AR	72149	Transaction II Date of Disbu	D: 06f91864-428b-416f-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	ht	17171.26	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Indepe	endent Expenditures			39.70
.,	'		7	1 7 1 7
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		• •	7 7
(c) TOTAL Independent Expenditu	ires		•	
Under penalty of perjury I certify with, or at the request or suggesting party committee) any political party	on of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	07 / D D D 12	/ Y Y Y Y Y Y 2014
Signature				

Schedule E)	1 6741 6145			PAGE 48 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	oort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
James Antonetz				07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11127 Gila Valley Dr			Amour	nt
City	State	Zip Code		5.00
Little Rock	AR	72212		action ID : 113d4798-6ecc-46cb-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07 D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	17171.26	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee			Date o	of Public Distribution/Dissemination
James Antonetz				07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11127 Gila Valley Dr				07 10 2014
			Amour	nt
City	State	Zip Code		0.60
Little Rock	AR	72212	Transac Date o	ction ID: 55b72996-90bf-402b-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	t: House District:00
Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	17171.26	Disbursement 2014 Ot	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	S		•	5.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Sch	nedule E)		PAGE 49 OF 56 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	ı	FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC		C C00530766
Chec	ck if 24-hour report X 48-hour report New report Amends report	t filed on	= M / D = D / Y = Y = Y
F	Full Name of Payee	Date of	f Public Distribution/Dissemination
	Christine Stevens		07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 100 Asbury Ct	Amoun	nt
	City State Zip Code		90.00
	Winchester VA 22602		action ID: 033b4f67-5fee-459e-b f Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001		07
1	Name of Federal Candidate Support	Office Sought:	: House District:00
	Ms. Kay Hagan Oppose	Preside	nt Senate State: NC
	Odiciladi icai io bato	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
	Full Name of Payee	Date o	of Public Distribution/Dissemination
Т	Jeffrey Hampton		07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Mailing Address 1700 E Part Ave		07 10 2014
Т		Amoun	nt
-	City State Zip Code		35.00
	Searcy AR 72149	Transac Date o	ction ID : 7c35b26a-5362-488a-b of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001		07
	Name of Federal Candidate Support	Office Sought	t: House District: 00
L	Mr. Mark L Pryor Oppose	Preside	
		Disbursement 2014 Ot	t For:
(a	a) SUBTOTAL of Itemized Independent Expenditures	•	125.00
(b	b) SUBTOTAL of Unitemized Independent Expenditures	•	7 1 7 1 7
(с	c) TOTAL Independent Expenditures	· [
wi	nder penalty of perjury I certify that the independent expenditures reported herein were n ith, or at the request or suggestion of, any candidate or authorized committee or agent of arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	07 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Schedule E)	ENT EXILIN	SITORES	PAGE 50 OF 56 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC			C C00530766				
Check if 24-hour report X 48-hour report New report Amends report filed on							
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination				
, ,			07 10 / Y Y Y Y Y Y				
Mailing Address 1700 E Part Ave			Amount				
City	State	Zip Code	6.45				
Searcy	AR	72149	Transaction ID: 79251e13-04a6-4a7b-9 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	07 10 / 2014				
Name of Federal Candidate		Support	Office Sought: House District:00				
Mr. Mark L Pryor		X Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought		17171.26	Disbursement For:				
Full Name of Payee			Date of Public Distribution/Dissemination				
Charity Zerbel			07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 804 Mary Ave			Amount				
City	State	Zip Code	42.50				
Neosho	MO	64850	Transaction ID: 6b4de76a-818f-4dee-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Mark L Pryor		X Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought		17171.26	Disbursement For: Primary General 2014 General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expendent	ditures		48.95				
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•				
(c) TOTAL Independent Expenditures			>				
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
J							

Schedule E)		ZIVI ZXI ZIVD	II OILO		PAGE 51 OF 56 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
Women Spo	eak Out PAC				C C00530766
Check if 24-l	nour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Charity Z					of Public Distribution/Dissemination
Mailing Addre	ss 804 Mary Ave			Amou	07 10 2014 nt
City		State	Zip Code		12.60
Neosho		MO	64850		action ID : a390cd46-0920-48b8-8 of Disbursement or Obligation
Purpose of E Mileage	xpenditure		Category/ Type 002		07 10 7 2014
Name of Fed	eral Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L P	yor		X Oppose	Preside	
	Year-To-Date tion for Office Sought	.,.,	17171.26	Disbursement 2014 Or	t For: Primary X General
Full Name of Sherri Ze	Payee rbel				of Public Distribution/Dissemination
Mailing Addre	ss 804 Mary Ave			Amou	07 10 2014 nt
City		State	Zip Code		42.50
Neasho		МО	64850	Transa Date o	ction ID : 5bc06786-a6c6-4a3f-9 f Disbursement or Obligation
Purpose of E Salary	xpenditure		Category/ Type 001	M	07 10 / Y Y Y Y Y
Name of Fed	eral Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L P	ryor		Oppose	Preside	
	r Year-To-Date tion for Office Sought		17171.26	Disbursemen 2014 O	t For:
(a) SUBTOTA	L of Itemized Independent Expen	ditures		· [55.10
(b) SUBTOTA	L of Unitemized Independent Exp	enditures			
(c) TOTAL Inc	lependent Expenditures			•	7 1 7 1 7 1
with, or at the		ndidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	ls. Emily Buchanan	[Electron	nically Filed] Date	9 07	12 / 2014
Signature					

Sched	lule E)	EXI END			PAGE 52 OF 56 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Worr	nen Speak Out PAC				C C00530766
Check i	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee nerri Zerbel				of Public Distribution/Dissemination
Mai	ling Address 804 Mary Ave			Amou	07 10 2014 nt
0.17		Otata	The Oakle		20.00
City Ne	asho	State MO	Zip Code 64850		28.80 action ID: 006f980f-e60d-4c64-b of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		07 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nan	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Mr.	Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	17171.26	Disbursemen 2014 O	t For: Primary ⊠ General
	Name of Payee atthew Manuel				of Public Distribution/Dissemination
Mai	ling Address 1392 Lee Street			Amou	nt
City	1	State	Zip Code		40.00
	le Platte	LA	70586	Transa Date	ction ID : 15a6b8f7-14fc-4eba-a of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	M	07
Nar	ne of Federal Candidate		Support	Office Sough	t: House District:00
Ms	. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	53367.19	Disbursemen 2014 O	t For:
(a) S	SUBTOTAL of Itemized Independent Expenditure:	s			68.80
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) T	TOTAL Independent Expenditures			· [7 7 7
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 07	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	ignature				

Schedule E)	VI EXI END	TIONES	PAGE 53 OF 56 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC							
Check if 24-hour report X 48-hour report New report Amends report filed on							
Full Name of Payee Matthew Manuel			Date of Public Distribution/Dissemination				
			07 10 / Y Y Y Y Y				
Mailing Address 1392 Lee Street			Amount				
City	State	Zip Code	15.90				
Ville Platte	LA	70586	Transaction ID: 815715db-7056-4111-9 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Mary L Landrieu		X Oppose	President State: LA				
Calendar Year-To-Date Per Election for Office Sought	, , ,	53367.19	Disbursement For: Primary General General Other (specify) ▶				
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination				
			07 10 7 2014				
Mailing Address 1103 West Wilson Street			Amount				
City	State	Zip Code	50.00				
Ville Platte	LA	70586	Transaction ID : 03efad79-c07e-4097-a Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07 10 7 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Mary L Landrieu		X Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought	7 7	53367.19	Disbursement For: Primary General 2014 General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditu	res		65.90				
(b) CURTOTAL of Uniterprised Independent Evenes	litura						
(b) SUBTOTAL of Unitemized Independent Expendent	mures						
(c) TOTAL Independent Expenditures			•				
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				

Sc	hedule E)	.XI LITEI	101120		PAGE 54 OF 56 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
 Che	eck if 24-hour report X 48-hour report	X New repo	ort Amends re	eport filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee				Date of Public Distribution/Dissemination
	Michael Vidrine				07 10 2014
	Mailing Address 1103 West Wilson Street				Amount
ŀ	City Sta	ate	Zip Code		27.90
	Ville Platte L	LA	70586		Transaction ID: f4499aed-9a1d-41c8-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00	02	M M / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	t Office	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		53367.19	Disbu 2014	rsement For: Primary
ſ	Full Name of Payee				Date of Public Distribution/Dissemination
1	Amiracle R Ross				07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 3411 Asher Ave				07 10 2014
	of tribution and				Amount
ŀ	City St.	tate	Zip Code		50.00
		AR	72204		Transaction ID: 254312d7-6ce1-480c-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00	01	M 07
ľ	Name of Federal Candidate		Support	t Office	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		17171.26	Disbu 2014	rsement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures			····· •	77.90
((b) SUBTOTAL of Unitemized Independent Expenditures	;		····· >	1 4 1 4 1 4 1
((c) TOTAL Independent Expenditures			······ >	
٧	Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate of party committee) any political party committee or its ager	or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed]	oate 0	7 12 2014
	Signature		_		

Schedule E)	I EXI END	TIOTILO		PAGE 55 OF 56 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Amiracle R Ross			M	f Public Distribution/Dissemination
Mailing Address 3411 Asher Ave			Amour	07 10 2014 It
City	State	Zip Code		12.00
Little Rock	AR	72204		action ID : 78ec4ba7-6181-4239-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	07 10 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	17171.26	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Darius Beverly				07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 157 Bishop Drive			Amour	
City	State	Zip Code		45.00
Avondale	LA	70094	Transac Date o	ction ID : 00d86b3c-e68a-4045-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	07 10 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	53367.19	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	S		•	57.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
			, L	4 4
(c) TOTAL Independent Expenditures			··· •	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule	E)	itti EXI EIID	II OILEO		PAGE 56 OF 56 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y Y
	ne of Payee Dinah Beverly				of Public Distribution/Dissemination
Mailing A	Address 157 Bishop Drive			Amou	07 10 2014
City Avondal	e	State LA	Zip Code 70064		45.00 action ID : bcf58e8b-4d72-4724-b
Purpose Salary	of Expenditure		Category/ Type 001		of Disbursement or Obligation 07 10 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mar	y L Landrieu		X Oppose	Preside	
	endar Year-To-Date Election for Office Sought	7 7	53367.19	Disbursemen 2014 O	t For:
Ms. D	ne of Payee linah Beverly				of Public Distribution/Dissemination
Mailing /	Address 157 Bishop Drive			Amou	nt
City		State	Zip Code		5.10
Avonda		LA	70064		oction ID: 3a1770ae-d8d7-490e-a of Disbursement or Obligation
Mileage	of Expenditure		Category/ Type 002		07 / 10 / 2014
Name of	Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Mar	y L Landrieu		X Oppose	Presid	ent X Senate State: LA
	endar Year-To-Date Election for Office Sought	, , ,	53367.19	Disbursemer 2014	other (specify) ▶
(a) SUBT	TOTAL of Itemized Independent Expendit	tures		•	50.10
(b) SUBT	TOTAL of Unitemized Independent Exper	nditures		· •	7
(c) TOTA	L Independent Expenditures			•	3408.78
with, or at	nalty of perjury I certify that the indepert the request or suggestion of, any cand mittee) any political party committee or	lidate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signat	ure				